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Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90210 047 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000097656

1. Corporation Name HOLLYWOOD SUBS, INC.

Principal Place of Business 2749 HOLLYWOOD BLVD HOLLYWOOD FL 33021

Mailing Address 2749 HOLLYWOOD BLVD HOLLYWOOD FL 33021



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/17/1997
4. FEI Number 65-0794817 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business 21 2749 Hollywood Blvd. 22 Suite, Apt. #, etc. 23 City & State Hollywood Fla. 24 Zip 33020 25 Country

2a. Mailing Address 26 2749 Hollywood Blvd. 27 Suite, Apt. #, etc. 28 City & State Hollywood Fla. 29 Zip 33020 30 Country

9. Name and Address of Current Registered Agent KALLAS, ANTHONY 2749 HOLLYWOOD BLVD HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent 81 Name KALLAS, ANTONY 82 Street Address 2749 HOLLYWOOD BLVD. 83 84 City HOLLYWOOD FL 85 Zip Code 33020

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Anthony Kallas ANTONY KALLAS DATE 4/21/99

12. OFFICERS AND DIRECTORS
TITLE D
NAME KALLAS, ANTHONY
STREET ADDRESS 2749 HOLLYWOOD BLVD
CITY-ST-ZIP HOLLYWOOD FL 33021 33020

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE REQUIRED DATE 4/21/99 DAYTIME PHONE # 954-926-5460

CR2F034 (11/98)